

## UNITED STATES DISTRICT COURT

Middle

District of

Alabama

Dwayne Harrison #193689

Plaintiff

V.

Richard Allen (ETC).

Defendant

RECEIVED  
APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

APR 10 14  
CLERK  
P. HACKETT  
U.S. DISTRICT COURT  
MIDDLE DISTRICT  
CASE NUMBER: 07-CV-301-ID

I, Dwayne Harrison declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration GK Fountain Correctional Facility

Are you employed at the institution? yes Do you receive any payment from the institution? no

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N/A

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

I receive money from home for hygiene

4. Do you have any cash or checking or savings accounts?

☐ Yes

☒ No

If "Yes," state the total amount.

no

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

I declare under penalty of perjury that the above information is true and correct.

3/30/07

Date

Dwaine C. Harrison 193689

Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

STATE OF ALABAMA  
DEPARTMENT OF CORRECTIONS  
STATE CORRECTIONAL FACILITY

AIC #: 103689

NAME: HARRISON, DEWONE

AS OF: 04/03/2007

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
APR	27	\$0.00	\$0.00
MAY	31	\$0.00	\$0.00
JUN	30	\$0.00	\$0.00
JUL	31	\$0.00	\$0.00
AUG	31	\$0.00	\$0.00
SEP	30	\$0.00	\$0.00
OCT	31	\$0.00	\$0.00
NOV	30	\$0.00	\$0.00
DEC	31	\$0.00	\$0.00
JAN	31	\$0.00	\$0.00
FEB	28	\$7.37	\$96.41
MAR	31	\$0.00	\$0.00
APR	3	\$0.00	\$0.00

Average 12 months  
balance

\$0.61

\$8.03

*Valeria Spates*  
Valeria Spates, PMOD Clerk

STATE OF ALABAMA, ESCAMBIA COUNTY, SWORN TO AND SUBSCRIBED  
BEFORE ME THIS 3RD DAY OF APRIL 2007.

*Elaine Braddeck*, Notary Public

My Commission Expires Oct. 25, 2008

Dwane Harrison #793689

Fountain 3800

Montgomery, AL 36101

MOBILE, AL

APR

2007

300

UNITED STATES POSTAGE



\$00.00

2007

UNITED STATES DISTRICT COURT

P.O. Box 711

MONTGOMERY, AL 36101-0711

LEGAL